

ARIZONA DEPARTMENT OF ECONOMIC SECURITY

BASIC WARDROBE CHECKLIST

Use upon: Placement 6 Month Review Exit and Special Purchase Request

CHILD'S NAME					AGE		SEX		FISCAL YEAR	
AGES 1 - 18					INFANTS					
ITEM	HAS	NEEDS	PURCHASED	COST	ITEM	HAS	NEEDS	PURCHASED	COST	
Bathing Suit(s)	<input type="checkbox"/>	<input type="checkbox"/>		\$	Playsuits	<input type="checkbox"/>	<input type="checkbox"/>		\$	
Bathrobe	<input type="checkbox"/>	<input type="checkbox"/>		\$	Dresses	<input type="checkbox"/>	<input type="checkbox"/>		\$	
Blouses	<input type="checkbox"/>	<input type="checkbox"/>		\$	Booties	<input type="checkbox"/>	<input type="checkbox"/>		\$	
Boots (Optional in Desert Area)	<input type="checkbox"/>	<input type="checkbox"/>		\$	Pants	<input type="checkbox"/>	<input type="checkbox"/>		\$	
Bra	<input type="checkbox"/>	<input type="checkbox"/>		\$	Undershirts	<input type="checkbox"/>	<input type="checkbox"/>		\$	
Dress	<input type="checkbox"/>	<input type="checkbox"/>		\$	Outer Wear Shirts	<input type="checkbox"/>	<input type="checkbox"/>		\$	
Jackets	<input type="checkbox"/>	<input type="checkbox"/>		\$	Hats	<input type="checkbox"/>	<input type="checkbox"/>		\$	
Jeans	<input type="checkbox"/>	<input type="checkbox"/>		\$	Sleepwear	<input type="checkbox"/>	<input type="checkbox"/>		\$	
Pajamas	<input type="checkbox"/>	<input type="checkbox"/>		\$	Socks	<input type="checkbox"/>	<input type="checkbox"/>		\$	
Pants	<input type="checkbox"/>	<input type="checkbox"/>		\$	Shoes	<input type="checkbox"/>	<input type="checkbox"/>		\$	
Shoes	<input type="checkbox"/>	<input type="checkbox"/>		\$	Blankets	<input type="checkbox"/>	<input type="checkbox"/>		\$	
Skirts	<input type="checkbox"/>	<input type="checkbox"/>		\$	Jacket	<input type="checkbox"/>	<input type="checkbox"/>		\$	
Slippers	<input type="checkbox"/>	<input type="checkbox"/>		\$	Mittens	<input type="checkbox"/>	<input type="checkbox"/>		\$	
Socks	<input type="checkbox"/>	<input type="checkbox"/>		\$	Sweater	<input type="checkbox"/>	<input type="checkbox"/>		\$	
Sweater	<input type="checkbox"/>	<input type="checkbox"/>		\$	Miscellaneous	<input type="checkbox"/>	<input type="checkbox"/>		\$	
Tennis Shoes	<input type="checkbox"/>	<input type="checkbox"/>		\$		<input type="checkbox"/>	<input type="checkbox"/>		\$	
Underpants	<input type="checkbox"/>	<input type="checkbox"/>		\$		<input type="checkbox"/>	<input type="checkbox"/>		\$	
Undershirts	<input type="checkbox"/>	<input type="checkbox"/>		\$		<input type="checkbox"/>	<input type="checkbox"/>		\$	
Miscellaneous	<input type="checkbox"/>	<input type="checkbox"/>		\$		<input type="checkbox"/>	<input type="checkbox"/>		\$	
	<input type="checkbox"/>	<input type="checkbox"/>		\$		<input type="checkbox"/>	<input type="checkbox"/>		\$	
	<input type="checkbox"/>	<input type="checkbox"/>		\$		<input type="checkbox"/>	<input type="checkbox"/>		\$	
	<input type="checkbox"/>	<input type="checkbox"/>		\$		<input type="checkbox"/>	<input type="checkbox"/>		\$	
	<input type="checkbox"/>	<input type="checkbox"/>		\$		<input type="checkbox"/>	<input type="checkbox"/>		\$	
	<input type="checkbox"/>	<input type="checkbox"/>		TOTAL		<input type="checkbox"/>	<input type="checkbox"/>		\$	
COMMENTS:					EMERGENCY and/or SPECIAL COLTHING PAYMENT APPROVAL					
					DATE	AMOUNT	WORKERS INITIALS	SUPERVISORS INITIALS	PROGRAM MANAGER'S INITIALS	
						\$				
						\$				
						\$				
Equal Opportunity Employer/Program										
<p>Under the Americans with Disabilities Act (ADA), the Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service, or activity. For example, this means that if necessary, the department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. This document is available in alternative formats by contacting 602-542-3598.</p>										